



TOWN OF ALBURGH, VERMONT
USE OF FIREWORKS PERMIT APPLICATION

This process must be initiated at least 7 days in advance of discharge.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Time of Discharge: \_\_\_\_\_

Alternate Date & Time of Discharge (Rain Date): \_\_\_\_\_

Discharge Location: \_\_\_\_\_

Property Owner of Above: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

Description of Discharge Materials:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Planning Checklist

- Are discharge and display area distances adequate? (See page 2)
Have the neighbors been notified? (See page 2.)
Is this application signed and dated by the applicant/permittee? (Page 2)
Is this application signed and dated by the property owner? (Page 2)
\$20 application fee submitted (non-refundable)
Cash / Check #
Does this application have sign-off from at least two of the following Town Officials:
Member(s) of the Alburgh Selectboard, Constable or other Town Official(s)
designated by the Selectboard? (Page 2)



**Discharge & Display Areas**

- \_\_\_\_\_ At least 25-foot clearance to any overhead objects for shell trajectory.
- \_\_\_\_\_ At least 75-foot clearance between spectator and/or parking areas, and ground display.
- \_\_\_\_\_ No spectators, dwellings, structures, or parking areas within the fallout area.

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**Neighbor Notification**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Time Notified: \_\_\_\_\_ Method of Notification: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Time Notified: \_\_\_\_\_ Method of Notification: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Time Notified: \_\_\_\_\_ Method of Notification: \_\_\_\_\_

**Signatures:**

***I certify that \_\_\_\_\_ is competent to use consumer grade fireworks, and that they will use them in a safe and thoughtful manner, as described in the "TOWN OF ALBURGH, VERMONT ORDINANCE RELATING TO THE USE OF FIREWORKS WITHIN THE TOWN OF ALBURGH," and as authorized by this permit.***

Applicant/Responsible Person

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Officials (2)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_